

Henrico County

2026 DELTA DENTAL RATES

Delta Dental PPO - EPO Plan Design

T I E R S	BI-WEEKLY	MONTHLY	ANNUALLY
EMPLOYEE ONLY	\$ 12.29	\$ 24.58	\$ 294.96
EMPLOYEE / CHILD	\$ 20.46	\$ 40.92	\$ 491.04
EMPLOYEE / SPOUSE	\$ 20.46	\$ 40.92	\$ 491.04
EMPLOYEE / FAMILY	\$ 27.61	\$ 55.21	\$ 662.52

Delta Dental PPO Plus Premier - Low Option

T I E R S	BI-WEEKLY	MONTHLY	ANNUALLY
EMPLOYEE ONLY	\$ 13.94	\$ 27.88	\$ 334.56
EMPLOYEE / CHILD	\$ 25.20	\$ 50.40	\$ 604.80
EMPLOYEE / SPOUSE	\$ 25.20	\$ 50.40	\$ 604.80
EMPLOYEE / FAMILY	\$ 39.52	\$ 79.04	\$ 948.48

Delta Dental PPO Plus Premier - High Option

T I E R S	BI-WEEKLY	MONTHLY	ANNUALLY
EMPLOYEE ONLY	\$ 20.79	\$ 41.58	\$ 498.96
EMPLOYEE / CHILD	\$ 37.61	\$ 75.22	\$ 902.64
EMPLOYEE / SPOUSE	\$ 37.61	\$ 75.22	\$ 902.64
EMPLOYEE / FAMILY	\$ 59.05	\$ 118.10	\$ 1,417.20